



# *DEPARTMENT OF EARLY EDUCATION AND CARE*

## *Professional Qualification Certification Application Out of State and International*

*Contact EEC at  
(617)988-6600  
ask for the*

*Professional Qualification Unit or email EEC at  
[eec.professionaldevelopmentcalendar@mass.gov](mailto:eec.professionaldevelopmentcalendar@mass.gov)*

*Early Education and Care  
Application Revised: January 2019*

## PROFESSIONAL QUALIFICATION CERTIFICATION OUT OF STATE AND INTERNATIONAL APPLICATION PACKET

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### Introduction

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Thank you for your interest in applying for an EEC professional qualifications certification. This application packet includes information to help you complete your application correctly. Please carefully review the Professional Qualifications Certification Requirements and Frequently Asked Questions document prior to completing your application.

### What is EEC Educator Qualification Certification?

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To work in a large group child care program as a Teacher, Lead Teacher or Director, you must be qualified. There are six positions for which you may qualify:

Infant-Toddler Teacher  
Preschool Teacher

Infant Toddler Lead Teacher  
Preschool Lead Teacher

Director I  
Director II

*Please see EEC regulation 606 CMR 7.09(18) Additional Requirements for Large Group and School Age Child Care Programs Serving Children Younger Than School Age. For additional information, please visit <http://www.mass.gov/edu/birth-grade-12/early-education-and-care/licensing/licensing-resources-for-group-and-school-age-child-care-programs/licensing-regulations-for-group-and-school-age-child-care.html>*

### Who Can Apply?

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**You must be working or have a pending job in an early education and care program in Massachusetts.** Applications will only be processed for someone who falls into one of the following categories:

- Massachusetts residents looking to be educators for early education programs in Massachusetts and has obtained coursework outside of the Massachusetts and/or the United States and Territories.
- Out of State Applicants who have a job pending within Massachusetts or planning to move to the state. Please provide verification of pending job or Massachusetts residency verification.

### How to Apply for Educator Qualification Certification

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1. You must complete the EEC Educator Qualification Certification application (pages 4 & 5)
2. Submit it with the required **supporting documentation:**
  - a. Enclose an **official college transcript** or **e-transcript with authentication page** from an accredited college or University. **Copies cannot be accepted.**
  - b. Attach copy of High School Diploma or G.E.D. **if you are applying for teacher level OR are under 21 years of age.**
  - c. Enclose a copy of your degree if it is not on your official transcript.
  - d. Enclose Work Experience form verifying your work experience(s) by a supervising Director. **You cannot verify your own experience or alter the signed forms.**
  - e. Submit **Original** Child Development Associate (CDA) from the [National Council of Recognition](#) by certified mail. **Copies cannot be accepted; original will be returned to you by certified mail once verified.**

- f. Submit **official** Montessori transcript, copy of your certificate, and a letter granting you the certificate.
- g. Submit **original** training certificates and assure that they are from an EEC approved organization and clearly indicate that the training is approved for CEUs and shows the number of CEUs granted. **Copies cannot be accepted; original will be returned to you by certified mail once verified. (PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted).**
- h. Massachusetts does not accept Teacher certifications and/or Teaching Licenses from another state or country.
- i. If the college transcript, from an accredited college or University, is from a **foreign country**, please submit the **original** transcript and copy of the diploma along with an **original** evaluation from an agency that provides foreign credential evaluation services and translates it into English. The evaluation must be reviewed **course-by-course** if the coursework is Early Childhood or Education related. A general evaluation can be submitted if the degree is unrelated. Original documents will be returned to the applicant by certified mail.

***Examples of Agencies that provide these services:***

Educational Credential  
Evaluators, Inc.  
P.O. Box 514070  
Milwaukee WI 53202-3470  
(414)289-3400  
[www.ece.org](http://www.ece.org)

Evaluation Service, Inc.  
333 W. North Avenue, #284  
Chicago, IL 60610  
(847) 477-8569  
[www.evaluationservice.net](http://www.evaluationservice.net)

Center for Educational  
Documentation  
P.O. Box 170116  
Boston, MA 02117  
(617) 338-7171  
[www.cedevaluations.com](http://www.cedevaluations.com)

***NOTE: EEC does not recommend or endorse any of these services but is providing contact information for them as a convenience for applicants. Applicants should also be aware that there are costs associated with evaluation and translation services.***

**Return Application to EEC:**

**Department of Early Education and Care  
Professional Qualifications Unit  
51 Sleeper St. 4th Floor  
Boston, MA 02210**

If you are missing documentation or do not meet any of the EEC qualification criteria, you will receive a notice in the mail that explains what you need in order to become certified. Your application will be returned to you along with a letter.

**Note:** Applicants can, create a PQ Registry profile (which is required by regulation), however this **DOES NOT** certify you or count as an application submission. EEC certification can only be obtained through the process defined in this application packet. Creating your individual profile on the PQ Registry **DOES NOT** certify an educator.

For Questions, contact EEC at:

Phone: (617)988-6600 (ask for the Professional Qualification Unit)

Email: [eec.professionaldevelopmentcalendar@mass.gov](mailto:eec.professionaldevelopmentcalendar@mass.gov)

## Application for Professional Qualification Certification

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***Please complete this entire application and attach all supporting documentation. Incomplete applications or those missing necessary information and/or documentation will be returned to you for resubmission with requested materials.***

### CHECK ONE

☐ This is my first application to EEC

☐ Upgrade my EEC Certification

Name: \_\_\_\_\_  
First Name Middle Name Last Name

Maiden Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_  
(DOB required)

Last four digits of your Social Security #: XXX-XX-\_\_\_\_ Email: \_\_\_\_\_  
(Last four digits of SSI# required)

Home Address: \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address (if different from home address) \_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City/Town State Zip Code

## PLEASE ATTACH THE FOLLOWING REQUIRED DOCUMENTS

- ☐ Enclose Application Form (signed and dated) **(required)**
- ☐ Enclose an **official college transcript**. *Copies cannot be accepted. (required)*
- ☐ Attach copy of High School Diploma or G.E.D. if you are applying for teacher OR are under 21 years of age; **(if applicable)**
- ☐ Enclose a copy of your degree if it is not on your transcript. **(if applicable)**
- ☐ Enclose Work Verification Form(s) verifying your work experience(s) by a supervising Director. Foreign work experience is not acceptable. ***You cannot verify your own experience or alter the signed forms. (required)***
- ☐ Enclose of copy of your PreK-2/K-3 License if you hold a Licensure from the Department of Elementary and Secondary Education (DESE). **(if applicable)**
- ☐ Submit **official** Montessori transcript, copy of your certificate, and a letter granting you the certificate
- ☐ **Original** Child Development Associate (CDA) or Early Intervention Specialist Certificate (MA DPH). ***Copies cannot be accepted; original will be returned to you by certified mail once verified. (if applicable)***
- ☐ **Original** foreign transcript, copy of diploma and course-by-course evaluation. **(if applicable)**
- ☐ **Original** training certificates from an EEC approved organization and assure that they clearly indicate that the training is approved for CEUs. ***(PDPs or workshop attendance verification are not substitutes for CEUs and cannot be accepted).*** **(if applicable)**
- ☐ Keep a copy of your complete application packet for your records. **(required)**

**NOTE: Only submit necessary documentation. Please do NOT send resumes, CORI forms, First Aid, CPR, or medical information.**

**I attest, to the best of my knowledge, that all information contained herein is true and accurate.**

**(Signature is required)**

**Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_**

**Return Application to EEC:**

**Department of Early Education and Care  
Professional Qualifications Unit  
51 Sleeper St. 4th Floor  
Boston, MA 02210**

## EEC VERIFICATION OF PRACTICUM/WORK EXPERIENCE

### To Be Completed by Employer in Licensed Center Based Child Care within the United States

*To be certified by Center Director, applicants must have verification of experience caring for children under age 7 (not yet enrolled in first grade) or children with special needs under age 16.*

Center Name (where experience was gained) (Please include State/County License #)

Center Address

Applicant Name

Applicant Address

**Please copy this form to complete a separate sheet if the dates are different for each position held.**

Position: \_\_\_\_\_

#### **Check applicable age group/s:**

- ☐ Infant/Toddler (Ages 0 months to age 2.9)
- ☐ Preschool (Age 2.9 to age 5)
- ☐ Mixed Toddler/Preschool  
(Age 15 months to age 5)

- ☐ Preschool/School Age (Age 2.9 to age 6)
- ☐ Special Needs? If yes, list Ages \_\_\_\_\_

#### **Check work experience type**

- ☐ General work experience
- ☐ Practicum through accredited College or University (Credit for the practicum must be verified by the official transcript **and** this form signed by the college supervisor).

#### **Indicate dates worked:**

From: Mo/Day/Year to: Mo/Day/Year  
\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

Was work experience more than 12 hrs per week?

**Circle One:** Yes or No If no how many hrs/week\_\_\_\_

#### **Circle one type of year:**

- ☐ Full year (January through December)
- ☐ School year (September through June)

**Note:** This form cannot be completed by Human Resource Department. EEC will verify all out of state work experience. *Work experience outside of United States is currently not acceptable.*

***I attest that the above information is, to the best of my knowledge, true and accurate.***

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_